

Gallegos, George R (MR # 1505417)

Encounter Date: 05/14/2014

EXHIBIT

tabbies

8

Patient Information

Patient Name	Sex	DOB	SSN
Gallegos, George R	Male	5/13/1966	xxx-xx-4222

Progress Notes

George R Gallegos (MR# 1505417)

Vitals - Last Recorded

BP	Pulse	Resp	HI	Wt	BMI
149/101	78	18	1.74 m (5' 8.5")	60.328 kg (133 lb)	19.93 kg/m2

SpO2
96%

Progress Notes signed by Herbert V Rachelson, MD at 05/29/14 1547

Author: Herbert V Rachelson, MD	Service: (none)	Author	Physician
Filed: 05/29/14 1547	Note	Type:	
	Time: 05/14/14 1057	Note Type:	Progress Notes

Orthopedic Clinic Note:Subjective:

HPI:

George R Gallegos is a 48 y.o male here for left sh pain. Twisted by police 2/21/14. Also left neck pain. Patient is not improved still shoulder and neck pain worse with use of arm.

No Known Allergies

Scheduled Meds:

Continuous Infusions:

PRN Meds:.

Past Medical History

Diagnosis

Date

- H/O alcohol abuse
quit x4/years
- History of drug abuse
quit x4/years
- Chronic pain following surgery or procedure
- Malignant bone tumor
right femur
- Brain injury
- cancer
knee cancer.

Past Surgical History

Procedure

Date

- Hx total knee arthroplasty
x2; has distal femur prosthesis secondary bone tumor

No family history on file.

History

Social History Narrative

Gallegos, George R (MR # 1505417)

Encounter Date: 05/14/2014

- No narrative on file

Review of Systems -

General: negative for - night sweats, weight gain or weight loss

Musculoskeletal: see HPI for pertinent positives

Neurological: negative for - gait disturbance, impaired coordination/balance, numbness/tingling or weakness

Objective:

BP 149/101 | Pulse 78 | Resp 18 | Ht 1.74 m (5' 8.5") | Wt 60.328 kg (133 lb) | BMI 19.93 kg/m2 | SpO2 96%

Physical Exam:

General: Well appearing, no acute distress

MS: Left sh painful arc movement + impingement , limited abduction and ext rotation

Neuro: pain down left arm from neck

Imaging: no fracture or dislocation

Assessment and Plan:

1. **Left shoulder pain**
And limited motion

- MRI upper ext any jt w/ contrast lt; Future

Herbert Rachelson, MD

Electronically signed by Herbert V Rachelson, MD at 5/29/2014 3:47 PM

Gallegos, George R (MR # 1505417)

Encounter Date: 07/17/2014

Patient Information

Patient Name	Sex	DOB	SSN
Gallegos, George R	Male	5/13/1966	xxx-xx-4222

Operative Note signed by Herbert V Rachelson, MD at 09/05/14 1651

Author:	Service:	Author	Physician
Herbert V Rachelson, MD	(none)		
Filed: 09/05/14 1651	Note 09/04/14 1716	Type:	
	Time:		

OPERATIVE NOTE**Date:** 9/4/2014**Time:** 5:16 PM**Pre-Op Diagnosis Codes:**

* Bicipital tenosynovitis, left [726.12]

Postop Diagnosis: impingement bursitis left shoulder**Procedure(s):**

left shoulder arthroscopy, subacromial decompression and synovectomy

Surgeon(s) and Role:

* Herbert V Rachelson, MD - Primary

* Yolanda Martinez-Salazar, PA-C - Physician

Assistant

General

Anesthesia Type:**Anesthesia Provider:**

Pamela Carlson, CRNA - CRNA

PROCEDURE DETAILS**Findings:** Same as postoperative diagnosis and impingement bursitis**Procedure Details:** arthroscopy left shoulder bursectomy and subacromial Decompression**Estimated Blood** 20 mL**Loss:****Tissue Removed or Altered:** bursa**Implants:** None**Cultures:** None**Drains:** None**Complications:** None**POST SURGICAL DETAILS****Postoperative** None**Antibiotics:****VTE** Not indicated/Contraindicated: Patient is ambulatory**Prophylaxis:****Disposition:** PACU - hemodynamically stable.**PREOPERATIVE DIAGNOSIS:**

Biceps tendinitis and rotator cuff tear, possible labral tear.

POSTOPERATIVE DIAGNOSIS:
Impingement bursitis, left shoulder.

PROCEDURE:

Arthroscopic evaluation left shoulder with arthroscopic subacromial decompression and bursectomy.

SURGEON:

Herbert V. Rachel, MD

ASSISTANT:

Michelle Salazar, PA

ANESTHESIA:

General intubated, Pam Carlson, CRNA

INDICATIONS AND OPERATIVE FINDINGS:

The patient is a 48-year-old male with problems with the shoulder for several months with worsening pain and limitation of motion. MRI done in May 2014 showed possible biceps tendinitis with irregularity of the biceps tendon and irregularity of the insertion of the rotator cuff with possible superior labral tear. Intraoperatively, the labrum appeared to have a normal variant of a Buford complex anteriorly and a very heavy [Frange] region for the superior to posterior labral attachment. There was no separation of the labrum superiorly. The rotator cuff appeared to be intact both from the intraarticular portion. The undersurface of the rotator cuff was completely normal. The superior cuff and showed a very heavy bursitis with bursal veil and impingement changes to the superior portion of the rotator cuff. There was a large inferior spur of the acromion that was trimmed and smoothed.

DESCRIPTION OF PROCEDURE:

The patient was placed, general intubated anesthesia, beach-chair position. The arm was supported with a spider with prepping and draping of the left shoulder in the usual sterile manner. Multiple port arthroscopy was performed with the arthroscope posteriorly. Evaluation of the undersurface of the cuff showed nice smooth area, very heavy superior labrum. It was trimmed. There was no detachment of the labrum superiorly. Anteriorly, there was a Buford complex of the anterior superior labral attachment. There was no feeling of instability. There was some drive through that was noted, but the patient had no history of instability or dislocation. The superior labrum was well attached. In the subacromial space there was heavy bursa that was debrided partially removed both from anterior and lateral portion the shoulder and then the large inferior osteophyte of the acromion was trimmed and smoothed using a 4 mm bur. The undersurface of the acromion was cleaned of soft tissue. The bursal redundant tissue was removed. The bursal veil was removed. The arm was moved through a range of motion to ensure that there was no impingement. Instrumentation was removed. The portals were closed. Sterile dressing as applied, the arm in a shoulder support placed. The patient removed to recovery room. No complications occurred.

The assist of Yolanda Salazar, PA, present from beginning to end of procedure, was necessary for help with arm position, instrumentation for the arthroscopic portion and surgery and wound closure.

#1151603

Revision History

